

# Member Inputs

03/29/2016

# Input Forms MC-I-001

## MEDALLION/Options Enrollment Form

### General Information

The form is a page from a list of primary care providers (PCPs and HMOs) that has been sent to DMAS or BENOVA (the enrollment broker) by an enrollee. The enrollee marks his or her managed care provider choice on the page and sends it in. Upon receipt of the form, DMAS or BENOVA enters the enrollee's choice into the system using the Managed Care Assignment screen (MC-S-010).

Subsystem:	Recipient
Source/Originator:	Sent by enrollee
Frequency:	Monthly
Estimated Volume:	1 Page
Programs:	N/A
Proc/Screen ID:	MC-S-010

### MEDALLION/Options Enrollment Form (MC-I-001)

Client: <sup>①</sup> <sup>②</sup> <sup>③</sup> <sup>④</sup> <sup>⑤</sup> Fluvanna County Region <sup>⑥</sup> ID: 999-999999-999  
**MEDALLION Providers**

Office Code	Primary Care Provider	Specialty	Office Address	Telephone Number	ABC
1234567890 <sup>⑦</sup>	<sup>⑧</sup> <sup>⑨</sup> <sup>⑩</sup>	Family <sup>⑪</sup>	<sup>⑫</sup> 1001 The Medical Center Suite 10 <sup>⑬</sup>	Charlottesville VA 22902-2201 <sup>⑭</sup> <sup>⑮</sup> <sup>⑯</sup> <sup>⑰</sup> <sup>⑱</sup>	A
1234567555		Pediatrician			B
1234567666		Family			C

**A** = This provider will not see children for medical services.  
**B** = You must ask this provider's office to contact MEDALLION to add you to his patient list.  
**C** = This provider will not see children for medical services and you must ask this provider's office to contact MEDALLION to add you to his patient list.

ADC

## Field Definitions

#	Field Name	Data Element Name	Element ID
1	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111

2	(ENROLLEE MIDDLE INITIAL)	Enrollee Middle Initial	DE3112
3	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110
4	(ENROLLEE SUFFIX)	Enrollee Name Suffix	DE3113
5	(REGION DESCRIPTION)	Region Type Name	DE5245
6	ID	Enrollee Permanent Identification Number	DE3093
7	OFFICE CODE	Calculated	DE0002
9	PRIMARY CARE PROVIDER (PROVIDER LAST NAME)	To Be Defined	DE4065
11	SPECIALTY	Provider Specialty Code	DE4007
12	OFFICE ADDRESS (PROVIDER ADDRESS 1)	Provider Attention Name	DE4096
13	(PROVIDER ADDRESS 2)	Provider Address Line	DE4097
14	(PROVIDER CITY)	Provider Address City Name	DE4130
15	(PROVIDER STATE)	Provider Address State	DE4098
16	(PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099
17	TELEPHONE NUMBER	Provider Phone Number	DE4090
18	INFORMATION CODE	Calculated	DE0002

# Input Forms MC-I-002 Managed Care Withdrawn Provider Request Form

## General Information

This form is received by ACS (sent by DMAS). Used to un-assign enrollees that are enrolled with a provider that has withdrawn. The withdrawn provider process has been modified to allow affected enrollees to be preassigned or reassigned to one or more specified providers.

Subsystem:	Recipient
Source/Originator:	DMAS Managed Care Section
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	To Be Determined
Graphics:	mc i-002

## Managed Care Withdrawn Provider Request Form (MC-I-002)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES – DMAS

MANAGED CARE WITHDRAWN PROVIDER REQUEST

FORM MC-I-002

CANCELLATION EFFECTIVE DATE      CANCELLED PROVIDER NUMBER      NEW PROVIDER NUMBER

(1)  
         
 MM D D C C Y Y

(2)

(3)

MM D D C C Y Y

MM D D C C Y Y

MM D D C C Y Y

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED AT FHSC BY: \_\_\_\_\_ DATE: \_\_\_\_\_

UPDATED AT FHSC BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## Field Definitions

#	Field Name	Data Element Name	Element ID
1	Cancellation Effective DD	Calculated	DE0002
1	Cancellation Effective MM	Calculated	DE0002

1	Cancellation Effective CCYY	Calculated	DE0002
2	PROVIDER NUMBER	National Provider Identifier	DE4700
3	New Provider Number	National Provider Identifier	DE4700

# Input Forms MC-I-004 MEDALLION II Eligible Locality Request File

## General Information

This input file contains localities (city/county codes) that are to be used in a job that will identify MEDALLION II eligible enrollees (for the specified localities) and create an extract file to be sent to North American Marketing (NAM) for mailing purposes. An input form is filled out by DMAS specifying the targeted localities and sent to ACS when the job is to be run. It can be used by DMAS for any need deemed necessary, including the addition of new localities.

Subsystem:	Recipient
Source/Originator:	DMAS Managed Care Section
Frequency:	On-Demand
Estimated Volume:	20 Records
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	To Be Determined

## MEDALLION II Eligible Locality Request File (MC-I-004)



MEDALLION II ELIGIBLE ENROLLEE EXTRACT

TO: VMAP QUALITY CONTROL MANAGER

FROM: DMAS MANAGED CARE SECTION

DATE: \_\_\_\_\_

This job extracts MEDALLION II eligible enrollees from selected localities.  
Please enter the selected localities below.

Note – each locality code is three (3) digits long and all three digits must be filled in.

①	---	---	---	---	---	---	---
	---	---	---	---	---	---	---
	---	---	---	---	---	---	---
	---	---	---	---	---	---	---
	---	---	---	---	---	---	---
	---	---	---	---	---	---	---

DMAS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Completed on: \_\_\_\_\_

**Field Definitions**

#	Field Name	Data Element Name	Element ID
1	LOCALITY CODE	MMIS Locality Code based on Postal Code	DE5254

# Input Forms MC-I-005 Prior Authorizations Run Request

## General Information

This report is used to review the prior authorizations that exist for enrollees in new MEDALLION II expansion areas. The job uses a cutoff date that is supplied by DMAS. The job bypasses prior authorizations that are less than the cutoff date. The date has the format CCYYMMDD. DMAS will also specify the localities for which the report is to run.

Subsystem:	Recipient
Source/Originator:	DMAS Managed Care Section
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	To Be Determined

## Prior Authorizations Run Request (MC-I-005)

PRIOR AUTHORIZATION REVIEW  
FOR SPECIFIED LOCALITIES

TO: VMAP QUALITY CONTROL MANAGER

FROM: DMAS MANAGED CARE SECTION

DATE: \_\_\_\_\_

Please run using the following information:

Cut off date (Parm Date) of : \_\_\_\_/\_\_\_\_/\_\_\_\_ (1)  
MM/DD/CCYY

Include the following localities:

Note – each locality code is three (3) digits long and all three digits must be filled in.

(2)

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---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---
---	---	---	---	---	---	---	---

DMAS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Completed on: \_\_\_\_\_

Field Definitions

#	Field Name	Data Element Name	Element
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			ID
1	CUT-OFF DATE	Calculated	DE0002
2	LOCALITY	MMIS Locality Code based on Postal Code	DE5254

# Input Forms MC-I-006 Re-Create HMO Enrollment File Request Form

## General Information

This job re-creates an HMO Enrollment file. DMAS supplies the Provider Number and month for which the file is to be created.

Subsystem:	Recipient
Source/Originator:	DMAS Managed Care Section
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	To Be Determined

## Re-Create HMO Enrollment File Request Form (MC-I-006)

RE - CREATE HMO ENROLLMENT FILE REQUEST FORM

TO: VMAP QUALITY CONTROL MANAGER

FROM: DMAS MANAGED CARE SECTION

DATE: \_\_\_\_\_

Please advise the VMAP Development Manager to re-create an HMO Enrollment Tape.

(1)

A tape is to be re-created for the following Provider ID: \_\_\_\_\_

For the following month (MM/CCYY): \_\_\_\_\_ (2)

DMAS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Completed on: \_\_\_\_\_

**Field Definitions**

#	Field Name	Data Element Name	Element ID
1	PROVIDER ID	National Provider Identifier	DE4700
2	New Field Definition	Calculated	DE0002



# Input Forms RS-I-001 Enrollee List

## General Information

This input is used to request a report that will list enrollees in alphabetical order for a selected City/County code and enrollee status upon request. DMAS supplies City/County code and the enrollee status required.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	N/A

## Enrollee List (RS-I-001)

### ENROLLEE LIST (RS-I-001)

ADMINISTRATIVE CITY/COUNTY CODE: <sup>(1)</sup> \_\_\_\_\_

ENROLLEE STATUS REQUESTED: <sup>(2)</sup>      ALL      ONLY ACTIVE  
(Please circle one)

DATE REQUESTED: <sup>(3)</sup> \_\_\_\_\_ DATE NEEDED: <sup>(4)</sup> \_\_\_\_\_

REQUESTOR: <sup>(5)</sup> \_\_\_\_\_

DELIVER TO: <sup>(6)</sup> \_\_\_\_\_

## Field Definitions

#	Field Name	Data Element Name	Element ID
1	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039
2	ENROLLEE STATUS		DE0000
3	DATE REQUESTED		DE0000
4	DATE NEEDED		DE0000
5	REQUESTOR		DE0000
6	DELIVER TO		DE0000

# Input Forms RS-I-002 Bypass Duplicates Request

## General Information

This form is used to specify enrollee IDs which should be bypassed by the duplicate reporting process.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	N/A

## Bypass Duplicates Request (RS-I-002)

## BYPASS DUPLICATES REQUEST (RS-I-002)

DATE REQUESTED: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_  
(Print name) (Signature)

ENROLLEE ID NUMBER: (2) - (3) - - - - -

ENROLLEE ID NUMBER: - - - - (4) - - - - -

REASON REQUESTED:  
(Explain why duplicate criteria must be bypassed)

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### Field Definitions

#	Field Name	Data Element Name	Element ID
1	DATE REQUESTED		DE0000
2	REQUESTOR		DE0000
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093

# Input Forms RS-I-003 Enrollee/Case Print Labels

## General Information

This input is used by the batch program to determine if Enrollee or Case labels are to be printed and for which city/county codes to print the labels.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	N/A

## Enrollee/Case Print Labels (RS-I-003)



## Field Definitions

#	Field Name	Data Element Name	Element ID
1	Enrollee/Case Label Print Option		DE0000
2	CITY/COUNTY CODE	Enrollee FIPS Code	DE3008

# Input Forms RS-I-004 Enrollee Extract

## General Information

This is a selection criteria sheet used by DMAS to extract Enrollee information by option, date, City/County and Aid Category.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	N/A

## Enrollee Extract (RS-I-004)



#	Field Name	Data Element Name	Element ID
1	EXTRACT OPTIONS		DE0000
2	OPTIONS DATE		DE0000
3	ENROLLEE FIPS CODE	Case Administrative FIPS Code	DE3039
4	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009

# Input Forms RS-I-006 Fraud/Conviction Update

## General Information

This form is used by DMAS to provide information to update the Fraud/Conviction File. The File is updated and report(s) are generated based on the transactions. An Edit Errors Report, Update Errors Report or a Detail Listing Report is created.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	N/A

## Fraud/Conviction Update (RS-I-006)

#	Field Name	Data Element Name	Element ID
1	FRAUD/CONVICTION TRANSACTION NO		DE0000
2	ELIGIBILITY FRAUD SSN	Eligibility Fraud Social Security Number (SSN)	DE3200
3	ELIGIBILITY FRAUD LAST NAME	Eligibility Fraud Last Name	DE3202
4	ELIGIBILITY FRAUD FIRST NAME	Eligibility Fraud First Name	DE3203

5	ELIGIBILITY FRAUD MI	Eligibility Fraud Middle Initial	DE3204
6	ELIGIBILITY FRAUD SUFFIX	Eligibility Fraud Suffix	DE3205
7	ELIGIBILITY FRAUD BIRTH DATE	Eligibility Fraud Birth Date	DE3206
8	ELIGIBILITY FRAUD CONVICTION DATE	Eligibility Fraud Conviction Date	DE3207
9	ELIGIBILITY FRAUD END DATE	Eligibility Fraud End Date	DE3208
10	ELIGIBILITY FRAUD CITY/COUNTY CODE	Eligibility Fraud Locality Code	DE3201

# Input Forms RS-I-008 Uncompensated Transfer File Edit and Update

## General Information

This form provides data for updates to the Uncompensated Transfer Table.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	Uncompensated Property (RST047)
Proc/Screen ID:	N/A

## Uncompensated Transfer File Edit And Update (RS-I-008)

ENROLLEE ID \_\_\_\_\_ 2. (4-15)

LAST \_\_\_\_\_ 3. (16 – 34)

MID 4. (35)

FIRST \_\_\_\_\_ 5. (36-47)

SUFFIX \_\_\_\_\_ 6. (48 – 50)

SOCIAL SECURITY NUMBER \_\_\_\_\_ 7. (51-59)

TRANSFER DATE (MMDDCCYY) 8. (60-67)

PENALTY BEGIN DATE (MMDDCCYY) \_\_\_\_\_ 9. (68-75)

PENALTY END DATE (MMDDCCYY) 10. (76-83)

AMOUNT OF UNCOMPENSATED  
TRANSFER (WHOLE DOLLARS) \_\_\_\_\_ 11. (84 - 91)

TRANSFER LOCALITY (CITY/COUNTY) \_\_\_\_\_ 12. (92 – 94)

WORKER NAME: \_\_\_\_\_

WORKER NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

## Field Definitions

#	Field Name	Data Element Name	Element ID
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1	TRANSACTION CODE		DE0000
2	ELIG UNCOMPENSATED PROPERTY TRANSFER SSN	Eligibility Uncompensated Property Transfer Social Security Number (SSN)	DE3210
3	ELIG UNCOMPENSATED PROPERTY TRANSFER LAST NAME	Eligibility Uncompensated Property Transfer Last Name	DE3211
4	ELIG UNCOMPENSATED PROPERTY TRANSFER FIRST NAME	Eligibility Uncompensated Property Transfer First Name	DE3212
5	ELIG UNCOMPENSATED PROPERTY TRANSFER MI	Eligibility Uncompensated Property Transfer Middle Initial	DE3213
6	ELIG UNCOMPENSATED PROPERTY TRANSFER SUFFIX	Eligibility Uncompensated Property Transfer Suffix	DE3214
7	ELIG UNCOMPENSATED PROPERTY TRANSFER BIRTH DATE	Eligibility Uncompensated Property Transfer Birth Date	DE3215
8	ELIG UNCOMPENSATED PROPERTY TRANSFER DATE	Eligibility Uncompensated Property Transfer Date	DE3216
9	ELIG UNCOMPENSATED PROPERTY TRANSFER DECISION DATE	Eligibility Uncompensated Property Transfer Decision Date	DE3217
10	ELIG UNCOMPENSATED PROPERTY TRANSFER END DATE	Eligibility Uncompensated Property Transfer End Date	DE3218
11	ELIG UNCOMPENSATED PROPERTY TRANSFER AMOUNT	Eligibility Uncompensated Property Transfer Amount	DE3219
12	ELIG UNCOMPENSATED PROPERTY TRANSFER CITY/COUNTY CODE	Eligibility Uncompensated Property Transfer Locality Code	DE3220

# Input Forms RS-I-012 Title XIX Enrollment Form

## General Information

This form is used by the DSS Case Worker to input data when adding or updating an enrollee record.

Subsystem:	Recipient
Source/Originator:	DSS Case Worker
Frequency:	Daily
Estimated Volume:	Variable
Programs:	N/A
Proc/Screen ID:	RS-S-018, RS-S-001, RS-S-015, RS-S-011, RS-S-010

## Title XIX Enrollment Form (RS-I-012)

There is no Sample

## Field Definitions

#	Field Name	Data Element Name	Element ID
N/A			



# Input Forms RS-I-013 Benefit Package Report Request Form

## General Information

This input file contains the Benefit Package Code (Program, sub-program, plan code, and/or exception indicator) used to produce a report listing all active enrollees within the specified benefit package.

Subsystem:	Recipient
Source/Originator:	
Frequency:	On Request
Estimated Volume:	N/A
Programs:	Enrollee Input Request Data (RST045)
Proc/Screen ID:	To be Determined

## Benefit Package Report Request Form (RS-I-013)

### Benefit Package Report (RS-I-013)

Virginia Medicaid Management Information System

Benefit Package Report Request Form

BENEFIT PACKAGE: PROGRAM (1) SUBPROGRAM (2) PLAN (3) EXC IND (4)

DATE REQUESTED: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

DELIVER TO: \_\_\_\_\_

## Field Definitions

#	Field Name	Data Element Name	Element ID
2	Sub-program	Benefit Definition Plan Subprogram Code	DE3552
3	Plan Code	Benefit Definition Plan Benefit Code	DE3553
4	Exception Indicator	Benefit Plan Exception Indicator	DE3072

# Input Forms RS-I-014 Certificate of Former Coverage

## General Information

This input is used by the batch program to print a Certificate of Former Coverage for the enrollee.

Subsystem:	Recipient
Source/Originator:	DMAS
Frequency:	On-Demand
Estimated Volume:	N/A
Programs:	N/A
Proc/Screen ID:	N/A

## Certificate of Former Coverage (RS-I-014)

There is no Sample

## Field Definitions

#	Field Name	Data Element Name	Element ID
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093

# Input Forms RS-I-015 FAMIS Report Selection Criteria

## General Information

RS-I-015, will define the variables used in programs RSW110 and RSM320 to create the Famis weekly and monthly reports.

Subsystem:	Recipient
Source/Originator:	
Frequency:	N/A
Estimated Volume:	
Programs:	N/A
Proc/Screen ID:	To Be Determined

## FAMIS Report Selection Criteria (RS-I-015)

There is no Sample

## Field Definitions

#	Field Name	Data Element Name	Element ID
1	Aid Category	Enrollee Eligibility Aid Category	DE3009
2	Recipient Minimum Age		DE0000
3	Recipients Maximum Age		DE0000
4	Recipient Relation Ship Code (Greater Than Or = To)		DE0000
5	Recipient Relation Ship Code (Less Than Or = To)		DE0000
6	Grouping Of Aid Categories		DE0000